



## Town of Lexington Recreation Department

Karen Simmons, CTRS, CPRP  
Director of Recreation

Tel: (781) 698-4800  
Fax: (781) 861-2747

### ***SUMMER 2015 EMPLOYMENT APPLICATION – SUPPLEMENTARY INFORMATION*** (The Town application must also accompany this application to be considered for summer employment.)

\*\*\*all areas of this application must be filled out by the applicant\*\*\*

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

College address (if applicable) \_\_\_\_\_

Please check any position or positions for which you are applying:

#### **AQUATICS**

Gate Attendant  
Water Safety Inst. Aide  
Lifeguard  
Water Safety Instructor  
Head Lifeguard  
Swim Team Asst. Coach  
Swim Team Coach  
Aquatics Manager

#### **TENNIS**

Youth Tennis Coordinator  
Youth Tennis Aide (morning)  
Youth Tennis Instructor (morning)  
Tennis Clinic Aide (afternoon)  
Tennis Clinic Instructor (afternoon)  
Tennis Booth Clerk  
Tennis Booth Supervisor  
Adult Tennis Lesson Instructor

#### **DAY CAMP**

Camp Director (21+)  
Camp Assistant Director (20+)  
Camp Counselor (18+)  
Camp Junior Counselor (16+)  
Specialist (18+) \_\_\_\_\_  
(specify activity)

#### **SPORTS CLINICS (week long)**

Coed Baseball      Field Hockey  
Boys Basketball      Girls Basketball  
Football      Multi-Sport      Coed Volleyball  
Boys Volleyball      Badminton      Girls Softball  
Coed Track      Street Hockey      Rollerblading  
Skateboarding      Ultimate Frisbee & Games  
Other \_\_\_\_\_

#### **PRESCHOOL PROGRAM (A.M only)**

Director (20+)  
Assistant Director (20+)  
Arts & Crafts Specialist (18+)  
Counselor (18+)  
Junior Counselor (15+)

#### **OTHER**

Director of Summer Camps  
Recreation Office Clerk  
Basketball Scorekeeper

Please indicate any current Red Cross or American Heart certificates you now hold, including expiration dates. **You will need to provide the front and back copy of your certificates to the Recreation Department. Please attach copies to your application.** If you are planning to update any certification requirements, or are presently enrolled in a certification course, please indicate where, the instructor's name, and expected date of completion.

<u>CERTIFICATION</u>	<u>EXP. DATE</u>	<u>EXPECTED DATE OF UPDATE/COMPLETION</u>	<u>COPY ATTACHED</u>	
CPR	_____	_____	Yes	No
CPR/FPR	_____	_____	Yes	No
First Aid Basics	_____	_____	Yes	No
Standard First Aid	_____	_____	Yes	No
Community Water Safety	_____	_____	Yes	No
Water Safety Instructor Aide	_____	_____	Yes	No
Lifeguard Training	_____	_____	Yes	No
Water Safety Instructor	_____	_____	Yes	No
Other	_____	_____	Yes	No

Please list your special skills, hobbies, interests and abilities, or any additional information that would be helpful in establishing your qualifications. It is to your advantage to spend some time completing this part of the application.

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If you are at college, please let us know your phone number, email address, and the best time to reach you. Also, let us know if you expect to be home for a spring break and include the dates.

Phone: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Email: \_\_\_\_\_

Will you be home during spring break?    no    yes /dates available: \_\_\_\_\_

Please be sure you have completed all parts of this application and **include three references** (on a separate sheet attached to this application).

Mail **both the Town application and supplement application together, along with the required certificates/documentation**, to the Lexington Recreation Department, 1625 Massachusetts Avenue, Lexington, MA 02420. To be considered for employment **applications must be received by Friday, March 6, 2015.** (You may also use the Town Hall drop box in front of Cary Hall, marked for Recreation Department.)